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CONFIRMATION NO. 7937

<b>SERIAL NUMBER</b> 10/069,382	<b>FILING OR 371(c) DATE</b> 07/08/2002 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> WWELL60.001APC
<b>APPLICANTS</b> Jan-Heiner Kupper, Kusterdingen, GERMANY; Ralph Meyer, Waldbockelheim, GERMANY; Mirella Meyer-Ficca, Waldbockelheim, GERMANY; Reinhard Kandolf, Hechingen, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP00/07768 08/10/2000				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 19939095.9 08/18/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 31
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 20995				
<b>TITLE</b> Coxsackie virus-derived vector system for gene transfer				
<b>FILING FEE RECEIVED</b> 1218	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	